## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P02000120916

1. Entity Name

STEVEN M. BROWN, C.P.A., P.A.



FILED Apr 24, 2006 08:00 AN Secretary of State

Principal Place of Business

17701 BISCAYNE BLVD. 202 AVENTURA, FL 33160 Mailing Address

17701 BISCAYNE BLVD. 202 AVENTURA, FL 33160



DO	NOT	WRITE	IN	THIS	SPACE
		*****	_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		JEAUL

04202006	No Chg-P	CR2E034 (11/05)			
4. FEI Number			Applied For		
06-1660	3866		Not Applicable		
5. Certificate of Status Desired			\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

DUBIN, JOSHUA L PA 17701 BISCAYNE BLVD #201 AVENTURA, FL 33160

## DO NOT WRITE IN THIS SPACE

7.VENTO10 (112 00100				IN THIS SPACE			
8. The above the obligation	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or re	egistered agent, or bo	th, in the State of Florida. I am familia	with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title i	Il applicable. (NOTE, Registered	Agent signature	e required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution			cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, STEVEN M 1351 95TH ST BAY HARBOR ISLAND, FL 33154				* *		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000526746 - 05/04/06-80085-0	21 150.00	
TITLE NAME STREET AODRESS CHY-ST-ZIP				DO	NOT WRITE	•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				man ( e. n. , egg, n.	e e e e e e e e e e e e e e e e e e e	ana kanasa	
12. I hereby of	certify that the information supplied with this fill	ling does not qualify for the exe	mptions cor	ntained in Chapter 119	Florida Statutes. I further certify that	the information	

12.1 Thereby certify that the information supplied with this initing coes not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven m Brown Y

305-932-21

Daytime Phone